

# Nebraska Refugee Health Screening Procedures

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# Nebraska Refugee Health Program

## NEBRASKA REFUGEE HEALTH SCREENING PROCEDURES

### I. INTRODUCTION

Under the Refugee Act, Section 412(b) (5), the U.S. Department of Health & Human Services Administration for Children & Families Office of Refugee Resettlement (ORR) is responsible for the provision of medical screening and initial medical treatment to all arriving refugees and other ORR eligible individuals. In Nebraska, the refugee health screening (also referred to as the domestic medical screening) Program is administered by the Nebraska Department of Health and Human Services (Nebraska DHHS), Division of Children and Family Services.

Nebraska DHHS has the authority to plan, develop programs, and make rules and regulations for refugee resettlement programs. The department has the responsibility to ensure that refugee medical screening will be made available to refugees in accordance with the regulations established by the ORR, and the requirements detailed in ORR State Letter # 04-10 and 45 Code of Federal Regulation (CFR) Part 400.107.

The Refugee Health Screening Program was established as part of the Refugee Act of 1980. All refugees should receive this comprehensive medical examination. The Refugee Health Screening Program is the refugee's introduction to the United States (U.S.) health care system. It also represents an opportunity for referral to appropriate continuing care. Health education and patient information about local community health resources are made available in the native languages of refugees.

The Refugee Health Screening Program aims to ensure the well-being of new arrivals with humanitarian-based immigration status, including refugees, asylees, Afghan and Iraqi Special Immigrant Visa (SIV) holders, Cuban and Haitian parolees, and others. The Program focuses on health screenings during the first 90 days of arrival to identify existing and potential health issues. The screenings are not meant to replace long-term care but serve as an initial assessment of the refugees' health status. The process involves:

- ❖ Referrals for follow-up care to specialty and primary care, as indicated;
- ❖ Address identified conditions with the potential to impact effective resettlement adversely; and,
- ❖ Initiate necessary immunizations, which include childhood immunizations and immunizations required for all refugees to adjust their status to become lawful permanent residents of the U.S.

Given the diverse health profiles of refugee populations and potential barriers like language and cultural differences, the Program emphasizes the importance of culturally and linguistically appropriate care. Nebraska DHHS Refugee Health Screening Program contracts and collaborates with qualified local city and county health departments and other health care providers to deliver the Refugee Health Screening Program and support the integration of refugees into the community.

## 1. Overseas Visa Medical Examination

Refugees resettling in the U.S. must receive an overseas visa medical examination prior to departure for the U.S. The overseas exam is the same for refugees worldwide. The components are specified by federal regulations. The purpose of the overseas exam is to identify refugees with medical conditions or psychological disorders that may be a danger to themselves or the general population, which, by law, would exclude them from entry into the U.S. Conditions identified during the overseas exam requiring follow-up in the U.S. are designated Class A or Class B.

- ❖ A refugee with an excludable condition (Class A) must apply for a waiver to enter the U.S. A condition of the waiver generally includes an assurance that necessary medical services will be provided following entry into the U.S.
- ❖ Class B conditions do not require a waiver but do require follow-up medical care on arrival in the U.S.

The overseas exam only provides baseline medical information. It does not allow for supplemental testing for refugees arriving from areas of the world where certain diseases may be endemic or epidemic. Many refugees come from areas where disease control, diagnosis, and treatment have been lacking and/or the health care system and public health infrastructure have been interrupted for several years. Because the overseas exam may be completed up to one year before departure, the refugee may develop a communicable disease or other health condition after examination, but before arriving in the U.S.

## 2. Refugee Health Screening (Domestic Medical Screening)

The contracted medical provider is pivotal in facilitating the refugee medical screening process, which is crucial for individuals arriving in the United States. This process involves a comprehensive physical examination of all family members to identify any physical or emotional health issues that could impact their employment prospects or access to education. This benefit extends to all refugees, asylees, parolees, Cuban/Haitian entrants, and other ORR-eligible populations relocating to Nebraska.

It's important to note that the refugee health screening domestic medical screening differs significantly from the overseas exam. While the overseas examination focuses on identifying medical conditions that might prevent an applicant from entering the U.S., the refugee domestic health screening is primarily designed to eliminate health-related barriers that may affect successful resettlement. Additionally, these screenings serve as a protective measure for the health of the U.S. population.

**PLEASE NOTE:** Continuing long-term health care is not a part of the screening service.

## II. NEBRASKA REFUGEE HEALTH SCREENING PROCESS

1. Refugees enter the U.S. through the Quarantine Station/Centers for Disease Control (CDC) and Prevention.  
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2. The CDC notifies Nebraska DHHS, the refugee health clinic, or the local health department through Electronic Disease Notification (EDN) when a refugee initially resettles in Nebraska.  
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3. The Nebraska Refugee Health Screening Program, local health clinic, or local health department reviews the refugee health record accessed from EDN before the initial appointment with the health care provider.  
↓
4. If the refugee is classified as having a TB Class B condition, the local health department is notified via EDN regarding the Class B status. If the refugee is listed as being HIV positive, then the clinic should notify the local health department or state HIV Surveillance area.  
↓
5. DHHS-Refugee Resettlement Program (RRP)'s contracted Refugee Medical Screening (RMS) providers perform the initial Nebraska Refugee Health Assessment after receiving the referral request from a local resettlement agency or other ORR-approved referral method (Sponsorship, Virtual R&P, Welcome Corps, etc.)  
↓
6. DHHS-RRP contracted RMS providers schedule for RMS, complete health assessment, and maintain all electronic medical records (EMR) and reporting forms for seven years for ORR monitoring and audits as needed.  
↓
7. The Nebraska Department of Health and Human Services reviews data on forms for quality assurance.

### III. ELIGIBILITY FOR REFUGEE HEALTH SCREENING PROGRAM

The Federal Refugee Act of 1980 requires every State to offer newly arrived refugees the option of a health examination. While the assessment is not mandatory, all eligible refugees and populations have the opportunity to undergo a federally funded Refugee Medical Assistance (RMA) health screening examination if initiated within 90 days of their arrival (certification date) in Nebraska. This RMA program covers all the examination components and allows for billing accordingly. Upon arriving in Nebraska, refugees are eligible to receive medical assistance for the initial twelve months after arrival, ensuring crucial support for their health needs during the resettlement period. In this context, the term "refugee" encompasses all Office Refugee Resettlement (ORR) eligible individuals to participate in the refugee program, providing them with essential medical benefits during their early integration into the United States.

In partnership with the referring VOLAG, the provider will verify each individual's eligibility for services. To be eligible for a refugee health screening, proof is required in the form of documentation issued to an individual by the U.S. Citizenship and Immigration Services (USCIS). The documentation must establish the date of arrival (certification date) and one of the following statuses:

1. Individuals paroled as refugees or asylees under section 212(d)(5) of the Immigration and Nationality Act (INA).
2. Admitted as a refugee under Section 207 of the INA.
3. Afghan and Iraqi Special Immigrant Visas (SIV)

Admitted as an Afghan or Iraqi Special Immigrant under Section 8120 of Public Law No. 111-118.

4. Granted political asylum under Section 208 of the INA.
5. Granted parole status as a Cuban/Haitian Entrant, under the requirements in 45 CFR Section 401.2.
6. Certain Amerasians from Vietnam who are admitted to the U.S. as immigrants

## Additional Immigration Statuses Eligible for Refugee Benefits

### **Afghan Individuals:** Due to Urgent Evacuation and Resettlement

- Effective September 30, 2021, the Afghanistan Supplemental Appropriations Act, 2022, authorized citizens or nationals of Afghanistan paroled into the U.S. between July 31, 2021, and September 30, 2022. Additionally, a spouse or child of any Afghan Humanitarian Parolee described above who is paroled into the U.S. after September 30, 2022. Refer to [ORR PL-22-02](#), released on 10/14/2021, for additional information.
  - Afghan individuals who receive Special Immigrant (SI/SQ) Parole
  - Afghan individuals who receive SI Conditional Permanent Residence
  - Afghan Humanitarian Parolees who are admitted to the U.S. due to urgent humanitarian reasons or significant public benefit.

### **Ukrainian Humanitarian Parolees:** Eligible for ORR Benefits and Services

- Effective May 21, 2022, the Additional Ukraine Supplemental Appropriations Act, 2022 (AUSAA), as extended by the Ukraine Security Supplemental Appropriations Act, 2024 (USSAA), authorizes Citizens or nationals of Ukraine, Non-Ukrainian individuals who last habitually resided in Ukraine, and a spouse or child of an individual described above, whom the Department of Homeland Security (DHS) has paroled into the United States between February 24, 2022, and September 30, 2024, due to urgent humanitarian reasons or for significant public benefit, known as Ukrainian Humanitarian Parolees (UHP). Refer to [ORR-PL-22-13](#), released on 05/26/2022, REVISED 07/25/2024 to include additional information.

### **Cuban/Haitian Humanitarian Parolees:**

- Proof is required in the form of documentation issued to an individual by the United States Citizenship and Immigration Services (USCIS). The documentation is usually, but not always, an I-94 card. Contact the State Refugee Health Coordinator for assistance with alternative documentation. The provider must obtain a copy of the documentation that determines each individual's eligibility for the services and maintain it in the patient file.

### **Date of eligibility for ORR benefits means:**

- the date of arrival in the United States for refugees;
- the date asylum was granted for asylees;
- the date of certification for trafficking victims;
- the date of eligibility for Cuban/Haitian entrants, as delineated in [ORR PL 16-01](#) and its Documentation Guide and FAQ;
- the date of eligibility for Afghans who arrived in the United States on or after July 31, 2021, as delineated in [ORR PL 16-01](#), its Documentation Guide and FAQ, and [ORR PL 22-02](#);
- the date of eligibility for Ukrainians who arrived in the United States on or after May 21, 2022, as delineated in [PL 22-13](#); and

- the date of eligibility for other ORR-eligible populations, such as SIV holders, survivors of torture, and Amerasians, as delineated in [ORR PL 16-01](#), its Documentation Guide and FAQ, and [ORR PL 22-02](#).

## **SECONDARY MIGRANTS:**

Providers must verify the eligibility of secondary migrants. The provider should also verify through EDN or contact the State Refugee Health Coordinator to see if the secondary migrant originally arrived in another state to determine what services were received in the original State of arrival. Secondary migrants (including Refugees, Asylees, Cuban/Haitian entrants or other Office Refugee Resettlement (ORR) eligible individuals) are only eligible for the preventive health exam and lab services, if they are within 90 days of arrival, and did not complete a preventive health exam in their State of arrival, the health screening can be completed within 90 days of their U.S. arrival, and the medical contracted providers can serve them. It is expected the clinic will verify a previous health screening before providing a health screening.

It is expected at refugee health screening sites that are not working with a refugee resettlement agency within the same location (city) as the contractor that labs and physicals may be drawn/performed at the same time. The contractor will follow up with the patient after lab results are received.

In locations with a resettlement agency, it is expected that after labs are drawn, the secondary migrant refugee will return for their scheduled physical and complete the process. If they do not return and complete the physical, the refugee patient may incur a charge. This is the only instance a refugee may incur charges for the health screening program. The clinic must inform secondary migrants of this policy and have them sign Attachment E stating that they have been informed and understand this policy. If secondary migrants do not return to complete the health screening within 90 days of their U.S. arrival/status date and Medicaid will not pay for the charges incurred, the clinic should charge the secondary migrant patient for the services rendered. If the secondary migrant does not submit payment for charges incurred, the state refugee health coordinator will determine on a case-by-case basis if the Refugee Health Screening Program will reimburse the agency for the labs drawn.

#### IV. HEALTH SCREENING SERVICES:

1. The contracted provider must ensure that ORR recipients are offered complete medical screening as recommended by the CDC, including laboratory tests, a physical examination, and necessary immunizations recommended by the ACIP guidelines, from the date they become eligible for ORR benefits. This health assessment should be initiated and finalized within 90 days of the recipient's entry into the U.S. Medical screening completion entails laboratory tests, a physical examination, and required immunizations, even if the recipient declines any of these services. In cases where recipients have initiated the screening but could not complete it due to unforeseen circumstances, the contracted provider must promptly notify the State Refugee Health Coordinator. Reimbursement will follow current Medicaid or Medicare rates for a preventive office visit.
2. **Health Screening:** For refugee adults (19 years and over) newly resettled, one preventive health physical will be provided within 90 days of arrival in the United States (or status).
  - a. The domestic health assessment whenever possible, should be completed within 30 days after arrival. At the minimum, it should be initiated within 30 days of the refugee's entry into the U.S. and completed within 90 days of arrival. (An asylee's entry date is the date the asylee is granted asylum in the U.S.)
  - b. On a case-by-case basis, with the written approval of the Refugee Health Coordinator, it may be possible to complete a preventive health physical and labs beyond the 90-day arrival period.
  - c. Refugees who complete a preventive health physical, lab work, and vaccines (throughout the first year) are eligible to receive a civil surgeon signature (asylees, parolees, and SIVs are not eligible for a civil surgeon signature under this Program, see section IV. 27).
3. **Interpretation:** Interpretation is covered. The actual provision of interpretation services by a qualified medical interpreter is a reimbursable cost if done in compliance with the following:
  - a. Adult physicals and vaccinations may be billed in 1-hour increments to a maximum of 2 hours.
  - b. Child services may be billed for 1 hour for the labs. One (1) hour for labs is the maximum rate for children. Children's interpretation services for vaccines (VFC) and physical (managed care) should be billed to the appropriate entity.



#### 4. Vaccinations (Adults aged 19 and older):

ALERT – As of July 1, 2019, Medicaid Managed Care Organizations are covering all ACIP vaccinations for all refugee adult populations that arrive to the U.S. on July 1, 2019 or after. If someone is not enrolled in Medicaid Managed Care, then the refugee or other eligible population client should be referred to enroll in Nebraska Medicaid immediately.

- a. May be provided for all eligible populations for up to 12 months from the date of arrival to the U.S.
- b. If there is an instance where a refugee adult is not eligible for Medicaid Managed care or Medicaid Managed Care refuses to reimburse for the ACIP vaccination. The Program will pick up the cost of the vaccination administration fee and the Medicaid reimbursable vaccination fee based on the ACIP guidelines, medical necessity, or disease outbreak situations. **HPV, Zoster, and Meningococcal B vaccines will not be covered.**
- c. For vaccination services, regarding eligible populations who lose Refugee Medical Assistance before 12 months from their U.S. arrival date, health screening providers may be eligible for reimbursement from the Refugee Health Screening Program up to 12 months after the client's U.S. arrival date, via Attachment D.
- d. Acceptable vaccination documentation must come from a vaccination record, either a personal vaccination record or a copy of a medical chart with entries made by a physician or other appropriate medical personnel. Only those records of vaccine doses that include the receipt dates (month, day, and year) are acceptable. The document must not appear to have been altered, and dates of vaccinations should seem reasonable. **Self-reported vaccine doses without written documentation are not acceptable.**
- e. Follow current Advisory Committee for Immunization Practices (ACIP) guidelines per vaccine. Links to current ACIP guidelines:
  1. ACIP guidance for adults immunization schedule  
<https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>.
  2. ACIP guidance for children immunization schedule  
<https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>.
- f. Refer to Section IV: Responsibilities of refugee health screening providers #6 regarding Hepatitis A vaccine administration. Additional guidance must be followed for Hepatitis A vaccine administration.
- g. Vaccinations covered may include: Hepatitis B (3 shots), Hepatitis A, (2 shots), Tetanus (2 shots), Tdap (1 shot), Flu (1 shot during the flu season), MMR (2 shots), Varicella (2 shots), Pneumococcal Polysaccharide (PPSV)-23 Valent (1 shot), Pneumococcal-13 Valent (PCV13) (1 shot), Pneumococcal-15 (PCV15) (1 shot), Pneumococcal-20 (PCV20), Meningococcal ACWY(2 shots) and COVID-19 (Moderna, Pfizer Max dose: 2).

- h. Give Inactivated Polio Vaccine (IPV) (3 shots) based upon current CDC recommendations when disease outbreaks occur overseas.
- i. **HPV, Zoster, and Meningococcal B vaccines are not covered.**
- j. A Varicella titer for Refugee adults who undergo health screening (within 90 days of U.S. arrival) is covered. Varicella titers are not covered for children 18 years and under.
- k. Does not cover Varicella titers for refugee adults receiving vaccinations only through Medicaid Managed Care. It is expected the provider will ask the patient if he or she has had Varicella in the past and utilize their medical judgment if the Varicella vaccine is needed.

## V. RESPONSIBILITIES OF REFUGEE HEALTH SCREENING PROVIDERS

Refugee Health Screening Program providers must:

1. Coordinate health screening programs with reception and placement services provided by voluntary resettlement agencies (VOLAGs). Resettlement agencies, local agencies, or private sponsors to complete *The Refugee Resettlement Program Refugee Medical Screening Form (Attachment H)*, which should be submitted to the contracted medical screening providers when making a referral for a refugee medical exam for all ORR eligibility recipients within 90 days of their arrival in Nebraska.
2. Comply with the Nebraska Refugee Health Assessment Guidelines.
3. Ensure the most current Refugee Health Assessment Guidelines, whether the information is received via email or an updated copy of the Refugee Health Assessment Guidelines.
4. Prescribe or refer to another provider to ensure appropriate medications for infectious diseases and other conditions identified during the health screening are treated.
5. Provide immunizations indicated at the time of the health screening visit, per current recommendations of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC).
6. Provide or refer for a continuation of the required immunization series. This is regarding single adult and childless couples that start health screening and arrive in the U.S. before June 30, 2019. Per ORR guidance, the Hepatitis A vaccine should be covered only if adults have indications of chronic liver disease, receive clotting factor concentrates, men who have sex with men, use an injection of non-injection drugs, or work with Hepatitis A-infected primates or a Hepatitis A research setting. Do not vaccinate with Hepatitis A if a patient is planning on returning overseas. Human Papillomavirus (HPV) is **NOT** covered for adult males and females. Meningococcal B is **NOT** covered. Zoster vaccine is **NOT** covered as of October 1, 2017.
7. Document all vaccinations given in NESIIS.
8. Provide a Vaccine Information Statement (VIS) to the patient when a vaccination is given and record information for each VIS provided to the patient in the medical chart.
9. When administering an ACIP-approved vaccine based on health condition, age, lifestyle, and/or occupation record risk factors in the medical chart or medical history.
10. Refer refugee patients with medical situations in a timely matter in the rare occurrence that the clinic is facing undue hardship and is unable to see refugee patients within 30 days of arrival. Notify the Refugee Health Coordinator immediately if a referral is required.
11. Ensure the lab personnel (NPHL) or person drawing blood for interferon-gamma release assay receives education approved by the refugee health coordinator by the lab or by the State TB Program. Specific education topics will need to include drawing

the blood and troubleshooting problems for the interferon-gamma release assay (IGRA).

12. Make the utmost effort to initiate and complete the refugee health assessment within 30 days.
13. Complete all health assessments within 90 days of entry into the U.S. for the refugee to access these no-cost services and for the provider to be reimbursed by RMA funds through the Nebraska DHHS Refugee Health Screening Program.
14. Complete the Health Screening Assessment Attachment C for each refugee, collect data on services provided, and submit the information to the Refugee Health Coordinator.
15. Verify that only those secondary migrants who did not receive a health screening in their original State of arrival and are within 90 days of arrival receive a health screening and the package rate.
16. Conduct oversight to ensure that the agency is not billing Medicaid or any other source for the same refugee service as provided in the refugee health screening protocol.
17. Bill for services covered within the first 90 days according to the procedures.
18. Ensure staff is trained on the Health Screening Procedures, updates from the Refugee Health or Program Coordinator, and billing requirements for the Program.
19. Partner with the referring Resettlement Agency and verify each individual's eligibility. (See: "II Eligibility for the Health Screening Program.")
20. It is preferred refugees complete the refugee health screening and vaccinations at one single contractor location, but if a refugee moves, screening information must be shared with the new clinic to avoid duplication of services. The receiving clinic should obtain all records to avoid duplication of services.
21. Fully ensure ease of service for follow-up vaccinations possible. Continuity of care for the refugee will also be taken into consideration.
22. Comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule using Attachment B Nebraska Department of Health and Human Services Authorization for Disclosure of Protected Health Information (HHS-160 form).
  - a. Attachment B (HHS-160): The client must sign if the client has the capacity to sign. If the client has a guardian or authorized representative, then the guardian or authorized representative would sign the form on behalf of the client. A witness signature is not required unless the court requires a witness or there is a state statute or legal proceeding requiring a witness for the Refugee Resettlement Program.

23. Report State reportable health conditions for communicable diseases to the local health authority (local health department) per Title 173.  
<https://dhhs.ne.gov/Pages/Title-173.aspx>
24. Utilize the "Vaccines for Children Program" for all children 18 years of age and under who need vaccines.
25. Make the utmost attempt to have a patient return and complete testing if testing supplies are not available during the health screening.
26. Use qualified medical interpreters to assist with client interviews, health education, and orientation to the U.S. health care system, and to facilitate the referral process. Since Nebraska does not license interpreters, the clinical site will make the judgment if an interpreter is qualified.
27. Maintain linkages to appropriate primary care providers or specialists for necessary follow-up services not available on-site, including public health and inpatient facilities, psychological counselors, drug and alcohol treatment services, and other community providers. Please see Attachment B (HHS-160) for the release of information that must be completed for each refugee who needs referrals.
  - a. Attachment B (HHS-160): The client must sign if the client has the capacity to sign. If the client has a guardian or authorized representative, the guardian or authorized representative would sign the form on behalf of the client. A witness signature is not required unless the court requires a witness or there is a state statute or legal proceeding requiring a witness for the Refugee Resettlement Program.
28. The priority is screening new arrivals, but secondary migrants may be seen as long as it does not interfere with the goals for completing health screening for new refugee arrivals. If the clinic is overwhelmed with new refugee arrivals, the clinic may refuse or refer the secondary migrant for health screening services.
29. If an adult patient or child patient has labs drawn but fails to return for the preventive
  - a. health physical (screening), providers should try to contact the patient to return for the physical as soon as possible
30. Assure continuity of care, and referrals (referral means setting up a specified appointment with a designated provider) are timely, and when possible, in proximity to the refugee's residence.
31. Sign USCIS Form I-693 for verification of vaccinations (for adjustment of status at 1 year). This is to be provided if a preventive physical health exam, lab, and initial shots are given for adults and children 18 years of age if labs are drawn, physical exam (Medicaid Managed Care kids), and the Vaccine for Children (VFC) program shots are given.

32. A civil surgeon's signature or approved health department blanket waiver is required. This service is included as part of the refugee health assessment screening. (Please note asylees, parolees, and SIVs may not receive the civil surgeon's signature under this Program as they need a full medical exam which is outside the scope of this Program.)
33. Nebraska DHHS contractors must maintain records, supporting documents, and report records pertinent to a federal award, which must be retained per the Nebraska DHHS System Schedule 150-1-1-1-4 DHHS-Economic & Family Support and 45 CFR 400.28. 150-1-1-1-4-16 REFUGEE REPORTS and 150-1-1-1-4-17 REFUGEE RESETTLEMENT correspondence and related materials concerning the refugee program can be disposed of after seven years.
34. At the State Refugee Health Coordinator's (SRHC) request, contracted healthcare providers must submit electronic medical records (EMR) quarterly via secure email for file audits. These submissions should include but not be limited to Attachment C: Nebraska Refugee Health Assessment Screening Form, vaccination records, lab results, the RHS-15 questionnaire, reimbursements, and other essential client records. The SRHC will randomly select these records from the quarterly submissions to maintain objectivity during auditing. All EMR submissions for auditing purposes must be transmitted via secure email to uphold the confidentiality and integrity of patient information.
35. Participate in refugee health meetings and site visits conducted by Nebraska DHHS Refugee Resettlement Program staff.
  - a. During the site visits, providers must ensure prompt access to all program sites and all records and reports relating to the Program. To do so, the health care provider must provide a disclosure form to its patients to have Nebraska DHHS staff access their records for monitoring purposes.
  - b. Records are the property of the provider agency. However, information pertaining to Refugee Health Screening Program surveillance requirements must be accessible to Nebraska DHHS.
  - c. Submit the quarterly Quality Assurance form (Attachment A) by completing the Nebraska Department of Health and Human Services REDCap (Research Electronic Data Capture) report once a quarter according to the schedule below:

Form Due Date	Quarter	Services Provided During
February 15 <sup>th</sup>	Quarter 1	Oct. 1 <sup>st</sup> – Dec. 31 <sup>st</sup>
May 15 <sup>th</sup>	Quarter 2	Jan. 1 <sup>st</sup> – Mar. 31 <sup>st</sup>
August 15 <sup>th</sup>	Quarter 3	Apr. 1 <sup>st</sup> – Jun. 30 <sup>th</sup>
November 15 <sup>th</sup>	Quarter 4	Jul. 1 <sup>st</sup> – Sept. 30 <sup>th</sup>

- d. Comply with the terms of the contract with the Nebraska DHHS for the provision of refugee health screening services.

## VI. RESPONSIBILITIES OF THE STATE

The Nebraska DHHS Refugee Health Screening Program will support the efforts of the designated health screening providers by furnishing technical assistance to enhance the effectiveness of the Program including, but not limited to, the following:

1. Provide direction, training, health screening forms, and other materials as needed to health screening providers regarding the Refugee Health Screening Program.
2. Oversee the health screening provider's performance and conduct on-site visits to the contracted sites to ensure compliance with the terms of the agreement. The Program will also provide telephone and/or on-site technical assistance to providers as required.
3. Provide pertinent information, such as trends in morbidity that may be specific to ethnicity or country of origin, to be shared with health screening providers and, as applicable, VOLAGs and other governmental and non-governmental groups.
4. Use surveillance findings as the basis for recommendations for revisions to the health screening, payments, and instructions (Attachments A, C, and D).
5. Assist in the establishment of linkages between VOLAGs and refugee health screening providers to ensure new arrivals' access to medical care.
6. Reimburse contractors for services provided in compliance with the terms of these procedures and the contract.
7. Notify the health screening providers immediately when a problem is identified regarding the performance of duties as specified in the agreement.
8. Complete file audits will be conducted by SRHC, wherein Refugee Resettlement Program (RRP) participants will be randomly selected from the quarterly invoices submitted each quarter in the fiscal year. This approach ensures objectivity in the auditing process.

## VII. REPORTS AND BILLING

### 1. Reports

The Contractor will provide the following annual reports:

- ORR-5 Annual Report of Refugee Health Screening Participants
  - Section I Data is required by all agencies.
  - Column 14 Eligibility Date is the U.S. arrival date or date they were eligible for services. This date may depend on eligibility or Congressional action.
  - Columns 1-14 are required entries (except Column 5 - Middle Name).
  - For health agencies, Columns 21 and 22 are needed.
  - Submit the ORR-5 form to Nebraska DHHS by November 15<sup>th</sup> of each year.
  
- ORR-6 Performance Report: Schedule F Annual Report: Refugee Medical Assistance (RMA) and Medical Screening.
  - Current ORR Report Forms and Instructions can be found at the following web link: <https://www.acf.hhs.gov/orr/form/report-forms>
  - ORR-6 Schedule F RMA & Medical Screening
  - Complete the following of the ORR-6 Schedule F
    - Part II: Medical Screening Recipients
      - Part A, Part B, Part D, Part E
    - Part III: Medical Screening Services
      - Part A – Part L
    - Part IV: Data Explanations and Trends
      - Part A. & Part B
  
  - ORR-6 Schedule F reports will be submitted by completing the Nebraska Department of Health and Human Services REDCap (Research Electronic Data Capture) report according to the following schedule:

Report Due Date	Quarter	Services Provided During
February 15 <sup>th</sup>	Quarter 1	Oct. 1 <sup>st</sup> – Dec. 31 <sup>st</sup>
May 15 <sup>th</sup>	Quarter 2	Jan. 1 <sup>st</sup> – Mar. 31 <sup>st</sup>
August 15 <sup>th</sup>	Quarter 3	Apr. 1 <sup>st</sup> – Jun. 30 <sup>th</sup>
November 15 <sup>th</sup>	Quarter 4	Jul. 1 <sup>st</sup> – Sept. 30 <sup>th</sup>



## 2. Billing & Reimbursement

It is expected that billing will occur quarterly, regardless of whether the provider does health screenings or only vaccinations. With fee-for-service implementation, the RRP team will provide an Excel invoice template form for all health billing until RRP provides a different billing format. Health billing may occur more frequently if the clinic prefers.

- Providers will receive rates as described in the contract and as described in these procedures.
- Nebraska Medicaid Managed Care Company covers adult ACIP vaccinations. The Refugee Health Screening Program will not be covering these shots unless there is a lack of specific coverage of a vaccine or someone who is not eligible for Medicaid. This should be utilized for all refugees who arrive in the U.S. on July 1, 2019, or later. Screening contract for a refugee with Medicaid Managed Care.
- For single adults and childless couples that have U.S. arrival dates of June 30, 2019, or before, and have straight Medicaid (RMA) please bill vaccine and administration fee to Nebraska Refugee Health Screening Program via the approved excel billing sheet provide to screening contracted providers.
- An administrative fee will be the approved reimbursement services rate in attachment D per refugee who completes a physical health screening, lab work, and initial vaccinations.
- An adult vaccination administration fee is covered at the approved reimbursement services rate in attachment D per shot and will only be covered if there is a lack of coverage under Medicaid Managed Care or a single or childless couple arrives in the U.S. on June 30, 2019, or before.
  - If Adult vaccination is needed due to the above circumstances, vaccinations will only be covered up to the first 12 months of arrival in the U.S.
- Reimbursement up to the identified contract rate will be made based on the vaccination rates found in Attachment D.
- Interpretation done in compliance with Section IV. 1 is covered at an approved reimbursement services rate in attachment D per hour set rate. Interpretation will only be covered under non-Medicaid covered services.
- Services should be billed in the fiscal year they were completed.
- Contractors should bill Medicaid for the well-child visit. Children 18 years and younger are covered under the Vaccines for Children Program (VFC) for vaccinations and vaccine administration fees. Labs (interpretation) and administrative costs will be covered through the Nebraska DHHS Refugee Health Screening Program as a fee-for-service.

- If the contractors discover that a child has received a preventive health visit at another clinic before the formalized refugee health exam, please notify the state refugee health coordinator. Reimbursement will be made using current Medicaid/Medicare rates for a preventive office visit.
- Utilize "The Vaccines for Children Program" for vaccinations for all children.
- If Vaccines for Children or Medicaid is unable to reimburse for child (age 18 and under) vaccinations, reimbursement will be made via current Medicaid rate pricing with approval from the refugee health coordinator.

**NOTE: Providers may not bill both Medicaid and the Refugee Health Screening Program for the same services.**

The health assessment screening forms (Attachment C) are to be addressed to:

- 1) Nebraska Department of Health and Human Services  
Division of Public Health  
Refugee Resettlement Program-Attn: Refugee Health Coordinator  
301 Centennial Mall South  
P. O. Box 95026,  
Lincoln, NE 68509-5026
- 2) Send via secure email using updated Excel billing spreadsheets to the Refugee Resettlement Program - State Refugee Health Coordinator, and Refugee Program Specialist.

## VIII. NEBRASKA REFUGEE HEALTH SCREENING GUIDELINES

### **Eligible Applicants**

The patient must be a valid class of Office of Refugee Resettlement (ORR) eligible status (holding I-94, letter of asylum, certification as a trafficking victim, etc.). Complete payment for health screens will be paid only if the screening is initiated within ninety (90) days of the refugee's arrival into the United States (45 CFR 400.107).

### **Coordination**

The health screening services must be coordinated with reception and placement services provided by voluntary resettlement agencies (VOLAGs). VOLAGs are responsible for providing Office of Refugee Resettlement (ORR) eligible recipients with resettlement assistance upon entry into the U.S. The assistance includes referral services, e.g., health, employment, and education. VOLAGs assist refugees and ORR-eligible recipients in obtaining the initial health screening.

If clinics encounter problems with the VOLAGs such as no-show clients, or refugees not completing their initial health screening, they should notify the state refugee health coordinator. The VOLAGs are required to ensure the refugee completes the health screening.

### **Referrals**

Refugees should be referred to participating Medicaid specialty and primary health care services for treatment and follow-up of acute and chronic conditions identified during the overseas and domestic health screening. When refugees are referred for specialty or primary care, the specialty or primary health care providers must be informed of the results of the initial health screening (See Attachment D). It will be up to the provider to utilize their release of information form to transfer health records between other health care providers.

Follow-up care may be provided by the provider performing the initial health screening, but follow-up care must be billed to Medicaid. Treatment and follow-up are not included, however, if the refugee tests are positive for Chlamydia or Gonorrhea, treatment may be offered at the discretion of the Nebraska Infertility Prevention Project (IPP) which offers treatment (Ceftriaxone and Azithromycin).

### **Psychological Trauma of Refugees**

Providers involved in the initial screening of refugees should have an understanding of, and be sensitive to, the psychological trauma refugees may have experienced in the migration process. Providers need to understand that refugees may have been subjected to multiple stressors before migrating, while in flight, and, in many cases, during a temporary resettlement period before they arrive in the U.S. Although these stressors may have a long-term negative impact on effective resettlement for some individuals, the treatment of the mental health needs of refugees should not be the focus of the initial screening encounter. The initial screening process can, however, serve as an opportunity for providers to discuss with refugees the

potential psychosocial difficulties they may experience during resettlement, and to refer refugees with identified mental health concerns to trained experts for evaluation and treatment.

### **Overseas Medical Document Review**

The purpose of a medical document review is to review the findings from:

- The overseas visa medical examination form as reported on the DS-2053 (OF-157)
- The overseas Medical Examination of Applicants for U.S. Visas
- Other related documents and follow-up on identified conditions.

If available, review:

- The overseas medical exam DS – 2053 (OF-157), IOM bag. (The International Organization for Migration [IOM] manages health issues associated with the processing of migrants in sending, transit, and receiving countries. IOM's health services work includes medical screening for travel and resettlement.)
- Documentation of Class A or B conditions
- Any other overseas medical documents
- EDN is data-dumping overseas vaccinations into NESIS.

Confirm or reject overseas diagnoses. If further evaluation is needed to confirm any diagnosis, refer the refugee for evaluation as appropriate.

### **What if overseas records are not available?**

Missing overseas records may be due to one of the following situations:

- ***Records are available but the refugee forgot to bring them.*** In this situation, ask the refugee if he/she can bring the records to the next visit. Make it very clear to the refugee that the health screener needs to review these records. In this case, proceed with the health screening assessment. Providers may want to defer immunizations to the next visit.
- ***Only some records are available.*** Proceed with the health screening assessment.
- ***No records are available.*** On occasion, the refugee misplaces their medical. Call the Nebraska Refugee Health Screening Program at 402-480-0373 with the A# and request to have the record looked up electronically.

## **Infectious Diseases**

- **Tuberculosis**

- RRP encourages clinics to refer to clinics that utilize the Nebraska TB Program's Medication for Latent Tuberculosis Infection (LTBI). Isoniazid (INH) is available at no charge to patients.

- **Sexually Transmitted Diseases**

- Sexually transmitted disease (STD) testing will be provided by the Nebraska Sexually Transmitted Infection (STI) Prevention Program.
- Contact the coordinator of the Nebraska STI Prevention Program with questions.
- Urine STD testing is available through the Nebraska STI Prevention Program - STD project.
- Treatment (Doxycycline for Chlamydia and Ceftriaxone for Gonorrhea) is available at no charge.
- For clinics that are not enrolled, please contact the Nebraska STI Prevention Program coordinator to set up an appointment. Lab specimens will be picked up by Nebraska Public Health Lab and there is an electronic form to complete for lab management.
- If your clinic is not participating in the Nebraska STI Prevention Program, please provide an appropriate referral.

**IX. Instructions for the Nebraska Refugee Health Assessment Screening Form (Attachment C) and Completion of Screening Form (*Print/Type all information clearly.*)**

**SECTION I: Refugee Personal and Demographic Information (Nebraska Refugee Health Assessment Screening Form, Attachment C)**

The purpose of this section is to ensure that demographic data and health assessment data are collected, recorded, and tracked for further evaluation and program monitoring purposes.

**Name:** Family name first, followed by given name and middle name. **(REQUIRED)**

**Date of Birth:** Include month, day, and year. **(REQUIRED)**

**Arrival Status:** Mark if the patient is a refugee, asylee, or victim of trafficking. **(REQUIRED)**

**Note:** Asylees' status is not always indicated on their I-94 form; instead their I-94 status is noted on a letter from USCIS indicating their asylum granted status and the date the asylum was granted. A copy of any verification documents must be retained in the refugee's file.

**Alien number:** The "A" number is usually located at the back of the USCIS form I-94 departure. **(REQUIRED)**

**Arrival in U.S. OR Status Granted Date:** Month/Day/Year. The date of arrival is located on the front page of the I-94 under the refugee status stamp. The date may be stamped, typed written, or hand-written. **(REQUIRED)**

**Secondary Migrant:** Please mark if the refugee initially was resettled outside of Nebraska and has since relocated to Nebraska. **(REQUIRED)**

**Sex:** Mark Male or Female **(REQUIRED)**

**TB Class A or B:** Please note if a refugee is Class A or has a Class B TB status. **(REQUIRED if Class A or Class B)**

**Site:** Please mark which site where the initial refugee health screening took place. **(REQUIRED)**

**Oversees Medical Document Review:** Please note if the overseas medical document was available for review. **(REQUIRED)**

**Allergies:** Please note any allergies the patient has. If none, please mark no known medical allergies. **(REQUIRED)**

**Interpreter Used:** Please mark if an interpreter was used for any part of the refugee's initial health screening. **(REQUIRED – if billing for qualified interpreter services)**

**Language Spoken:** Record the language that the refugee identifies as their native language(s).

**Blood Pressure:** Perform blood pressure on all refugees. **(REQUIRED)**

**Height:** Record height or length in inches for all refugees. **(REQUIRED)**

**Weight:** Record in pounds. **(REQUIRED)**

**Nutritional evaluation** of all refugee children 18 and under upon arrival with Body Mass Index. **(REQUIRED IF UNDER AGE 18)**

**Temperature:** Record in Celsius.

**Head Circumference:** For all children 2 years of age and under **(REQUIRED IF UNDER 2 YEARS OF AGE)**.

**Visual Acuity:** Mark referral if the patient wears glasses or has poor vision. May use the Snellen Eye Chart at the provider's discretion but is not required. May use alternative vision charts to assist with LEP populations.

**Hearing-Whisper Test:** Whisper in the patient's ear. If there is no difficulty, mark Within Normal Limits. If the patient has difficulty with hearing or wears hearing aids, please mark the referral.

### **Screening Tests**

Based on CDC and ACIP guidelines, providers must complete the test for all refugees completing the RMS exam if the test indicates REQUIRED. Depending on the test (Parasite, Schistosomiasis, Strongyloidiasis, serology test, or Chem 8), patient medical history, or the country they are arriving from, the test may be required; it could also be optional. The providers make the necessary assessment to determine if the test is needed. Therefore, a distinction between "required" and "optional" is not included for all tests and is left for providers to follow the individual medical assessment and CDC guidelines for each test.

REQUIRED is indicated for patients who arrived from a region with a high prevalence of the parasites or, if not, pretreatment overseas. However, the same test could be OPTIONAL if they don't have signs/symptoms or if the refugee arrives from a different region that does not have a high prevalence of the disease. Therefore, the providers must follow Attachment F: Parasite Screening Guidance to determine if the test is necessary.

### **Domestic TB Screening: Tuberculosis (TB)**

All refugees, including those classified with a TB condition overseas, should receive a comprehensive domestic medical screening within 90 days of arrival. The goal of the domestic screening for TB is to find persons with LTBI, to facilitate prompt treatment and control, and to find persons who may have developed TB disease since the overseas medical examination.

<https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/tuberculosis-guidelines.html>

- **For children aged 2-14 years:**

- Perform an Interferon Gamma Release Assay (IGRA) for refugees aged  $\geq$  two.

- If Interferon Gamma Release Assay (IGRA) was **NEGATIVE** overseas (within the last 6 months), and there are no signs or symptoms of TB disease upon physical examination, no further domestic evaluation is needed.
  - If the overseas IGRA was **NEGATIVE** but performed  $\geq 6$  months before the domestic examination, repeat IGRA.
  - Treatment for latent tuberculosis infection (LTBI) should be considered after TB disease is ruled out for those with **POSITIVE IGRA** results unless TB disease or LTBI treatment was completed before arrival.
  - For children aged < 2 years, a tuberculin skin test (TST) is recommended (if not previously treated for LTBI or TB disease).
  - TST administered before 6 months of age may yield false negative results.
  - Perform a tuberculin skin test (TST) for individuals younger than age two regardless of the Bacillus Calmette-Guérin (BCG) history, unless documented in previous tests.
  - For refugees aged  $\geq 15$  years:
    - If an IGRA was not done overseas or a **NEGATIVE IGRA** was documented  $\geq 6$  months prior, an IGRA is recommended at the domestic examination
    - If overseas or domestic **IGRA is POSITIVE**, LTBI treatment should be considered after TB disease is ruled out (if not previously treated for LTBI or TB disease).
    - Pregnancy is not a medical contraindication for TB testing or follow-up.
  - A chest x-ray should be performed for all individuals with a **POSITIVE** Interferon Gamma Release Assay (IGRA) or TST result:
    - Those with a TB Class A or B designation from an overseas exam, and/or
    - Those who have symptoms compatible with TB disease.
- ❖ If an indeterminate result is found on the interferon-gamma release assay or the TST is just below the cutoff for a positive result, please refer the refugee to be re-screened in 8 weeks. It is **NOT** the contractor's responsibility to follow up with the patient if a re-screen has been done. The rescreening process is outside the scope of payment for the Refugee Health Screening Program. **(REQUIRED)**

### **STDs: Sexually Transmitted Diseases:**

Note: If a patient has documented syphilis testing done overseas, do not rescreen. If you do not have paperwork to verify syphilis screening took place overseas, please screen.

- **Syphilis (REQUIRED)**

Syphilis screening tests should be performed routinely for refugees in the following categories:



- Screen all refugees **18 years to those aged less than 45 years, including all pregnant individuals regardless of age**, using a syphilis antibody-based test if no overseas documentation is available or positive syphilis history (CPT code 86780).
  - If you suspect syphilis in a patient younger than age 18, providers may run an antibody-based test (CPT code 86780) on their health history, risk factors, or abnormal exam.
  - Refugees 45 years and older, if there is reason to suspect infection.
  - Refugees younger than 18 years of age who are at risk for congenital syphilis (i.e., a mother who tests positive for syphilis, if the mother's syphilis results are not available, or the child is unaccompanied), who disclose sexual activity, or have been sexually assaulted.
  - Do not test if there is a documented negative syphilis test from overseas.
  - If the syphilis antibody test is positive, draw an RPR and/or FTA as a confirmatory test.
  - If syphilis is suspected after the RPR or FTA is run, please refer to the county STD clinic or treat it appropriately at your clinic. Bicillin LA is available at the State for no charge.
- **Chlamydia and Gonorrhea (Recommended based on the following)**

For chlamydia and gonorrhea, nucleic acid amplification tests (NAATs) are recommended for the following groups:

- All refugees aged 18 to 24 years who do not have documents pre-departure testing.
- All refugees aged less than 18 years or greater than 24 years must be tested if there is reason to suspect an infection or if there are risk factors, such as a new sex partner or multiple sex partners, a sex partner with concurrent partners, sex partner who has a sexually transmitted infection or pregnant individuals.
- Female refugees with abnormal vaginal or rectal discharge, intermenstrual vaginal bleeding, or lower abdominal or pelvic pain.
- Male refugees with urethral discharge, dysuria, or rectal pain or discharge.
- Use Nebraska STI Prevention Program-STD testing account for Chlamydia and Gonorrhea urine testing.
- Contact the Nebraska STI Testing Coordinator, (402-471-3724) for questions on the STI Prevention Program on how to set up an account.

- If your clinic does not have an STI Prevention Program account for tests, please make a referral for testing.
- **HIV/AIDS: (REQUIRED)** Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
  - For children over 2 years through 18 years of age, perform an HIV 1 EIA and HIV 2 EIA.
  - EIA HIV 1 and HIV 2 EIA for adults 19 years of age and over, HIV rapid testing is encouraged. It is expected that HIV testing supplies will be purchased using RMA funds, instead of Nebraska DHHS Counseling and Testing HIV tests.
  - If the mother's status has been identified during refugee health screening, the provider may defer testing **children 2 years and younger**.
  - **Test children aged 2 years of age** and under if risks are identified for HIV.
  - **Test children aged 2 years of age** and under if the mother is HIV positive.
- **Pregnancy: (REQUIRED)**
  - Complete a urine pregnancy test for all females of childbearing age (12-50) using an opt-out approach.
- **Hepatitis Screening:**
  - **Hepatitis B (REQUIRED)**
    - Determine Hepatitis B and infection status for all refugees –adults and children– with the following serologic tests:
      - HBsAg (hepatitis B surface antigen)
      - HBsHBcAb-IgM (Hepatitis B IgM core antibody)
      - HBsAb (Hepatitis, B surface antibody)
      - May run Hepatitis B Surface Antigen Confirmation if Hepatitis surface antigen positive.
    - The following are screening recommendations for **infants six (6) months or younger**.
      - First, review the information on Hepatitis B Surface Antigen (HBsAg) status and subsequent vaccine administration medical screening forms completed overseas before departure.
      - If the Hepatitis B Surface Antigen (HBsAg) is **negative** from the initial test done in their country and the infant received the vaccine, no further screening is needed. Just complete the vaccination course.
      - If the result of Hepatitis B Surface Antigen (HBsAg) is **negative** and more than two months from the initial test done in their country and the infant did not receive the vaccine, then a Hepatitis B Surface Antigen (HBsAg) can be repeated **(however if a repeated sample has to be obtained before the vaccine is given)**.
      - If no medical record is available, then Hepatitis B Surface Antigen (HBsAg) can be checked. **No need to do a full hepatitis b screening panel**. Vaccinate the infant for Hepatitis B after obtaining the sample.

- Full Hepatitis B screening panel can be done on those infants whose parents are positive for hepatitis B at least three months or more after the completion of the vaccine series.
- **Hepatitis C (REQUIRED)**
  - All refugees aged 18 and above, pregnant individuals, and patients with specific risk factors such as a history of tattoos, blood transfusions, intravenous drug use, or having a mother with Hepatitis C, or as determined by the healthcare provider's judgment, should undergo testing for HCV infection using HCV antibody testing.

- **Intestinal Parasite Screening: (OPTIONAL)**
  - The most commonly found pathogenic parasites are *Trichuris* (whipworm), *Giardia*, *Entamoeba histolytica*, *Schistosoma*, hookworm, and *Ascaris*. Parasites may obstruct the intestine, bile ducts, lymph channels, and capillaries of the brain and other organs, with serious medical consequences.
  - Lice and scabies mites are two common arthropod parasites often found in refugee populations. If positive, please refer or offer treatment (Medicaid).
  - Screen refugees who did not receive pre-departure treatment recommendations per Attachment F.
  - Do not screen asymptomatic refugees for parasitic infection if they received a complete treatment package overseas (Attachment F)
  - Assume treatment has been given at the time of departure assuming on the population where the Program is currently implemented if unable to find documentation unless contraindications exist (young child, pregnancy, less than 94 cm, breastfeeding women)—see Attachment F.
  - Providers may screen for stool parasites if the patient presents with symptoms or risk factors.
  
- **Strongyloidiasis Testing**
  - Perform blood testing if the refugee did not receive pre-departure therapy. Pre-departure therapy is Ivermectin. If someone did not receive Ivermectin overseas, the patient should be screened via blood. This includes testing all refugees if no ivermectin was given overseas. See Attachment F. Providers may test at discretion if the patient is symptomatic (see Parasite Screening Guidance).
  
- **Schistosomiasis**
  - Perform blood testing on Individuals from Sub-Saharan who had contraindications to presumptive treatment at pre-departure that are not resolvable should be tested. For other populations, providers may test at discretion if the patient is symptomatic. Please refer to Attachment F (Parasite Screening Guidance). Please see Attachment F for more information about the testing and treatment of parasitic infections.
  
- **Varicella Titre**
  - Serology testing depends on the patient's immunity history and vaccination records. Performing this serology testing will depend on the provider's assessment to determine if this test is required or optional for the patient.
  - Draw Varicella Titer on adult refugees aged 19 years and over.
  - If non-immune or equivocal, vaccinate adults with two doses of Varicella Vaccine.
  
- **CBC with Differential: Complete Blood Count (REQUIRED)**
  - Evaluate for eosinophilia by obtaining a CBC with differential.
  - Please note hemoglobin and hematocrit.
  - Screen all refugees.
  
- **Chem 8**
  - Screen everyone with a Chem 8. (Or with total Calcium)

- **Malaria:**
  - Refugees from sub-Saharan Africa should be treated with Artemisinin-based combination therapy before departure. If no pre-departure therapy was given, **testing is encouraged for refugees coming from sub-Saharan Africa.**
  - Refugees from sub-Saharan Africa should be treated with Artemisinin-based combination therapy before departure. If no pre-departure therapy was given, **testing is encouraged for refugees coming from sub-Saharan Africa.**
  - Clinicians should have a high index of suspicion for malaria, particularly for refugees from tropical and subtropical areas who have a fever of unknown origin or other characteristic symptoms.
  - Sub-Saharan Africans frequently originate in highly endemic areas where the asymptomatic infection is common and should undergo either presumptive treatment on arrival (preferred) if there is no documentation of pre-departure therapy or laboratory screening.
  - For all other refugees, asymptomatic infection is rare, and **testing should be performed only in individuals with signs or symptoms suggestive of disease.**
  - If malaria is suspected, a smear of peripheral blood should be examined for parasites. Accurate diagnosis depends on the quality of the blood film and the technique of laboratory personnel. When PCR is available it is the preferred method of diagnosis in asymptomatic refugees.
  - Because treatment varies by species of *Plasmodium*, the diagnosis should be confirmed by experienced personnel.
  - A single blood film examination may be falsely negative for malaria parasites. Repeated blood films over 48 hours (e.g., every 12 hours x 3) may be required to exclude the possibility of malaria.
  - To confirm the diagnosis of questionable cases or to obtain appropriate treatment recommendations, contact the Nebraska Department of Health and Human Services.
  
- **Lead Screening (REQUIRED)**
  - Refugee children aged 6 months to 16 years should have a venous blood lead screening level.
  - No repeat levels will be covered under the Refugee Medical Assistance Program.
  - Please note the specific level.
  
- **Urinalysis: Dipstick (REQUIRED)**
  - Please mark if the sample is within normal limits, and has blood, protein, glucose, ketones, or leukocytes. **(REQUIRED FOR PATIENTS WHO CAN VOID A CLEAN CATCH URINE SPECIMEN)**
  - Ages 4 and up.
  - Perform if the patient is old enough to void a urine specimen.
  - Do not perform if the patient is unable to provide a clean catch sample (infants and toddlers).

- **Referrals**

- Please note any referrals made.
- Children should be given a vitamin referral for children aged 6-59 months or children aged 5 and older with evidence of poor nutrition.
- Adults should be referred for a vitamin supplement if they present clinical evidence of poor nutrition.
- Children under one year of age should be referred for newborn screening tests within their first year of life.

**SECTION II: Core Health Screening Form  
(Attachment C: Nebraska Refugee Health Assessment Screening Form)**

**NOTE:** Be sure to fill out the name (Last, First, Middle) and Alien Number at the top of the page. This is especially useful when/if forms need to be faxed.

The purpose of this required section is to perform a complete, detailed history and physical examination for all refugees to ensure diagnosis and treatment of conditions not previously detected as well as to identify conditions with a potential to adversely impact the effective resettlement of a refugee. While the Refugee Health Screening Program is a screening and prevention program, clinicians should be cognizant that their assessment may be the first full medical evaluation the refugee patient has had. Therefore, providers are asked to perform a general history and physical exam. This may include migration history and history of trauma.

Providers should also recognize that the refugee health screening encounter may be a new cultural experience for many refugees and will provide a profound first impression about health care in the U.S. Therefore, sensitivity toward the refugee's gender, culture, and other issues is very important.

**MEDICAL HISTORY: (Attachment C) (REQUIRED)**

- Mark "0" if within normal limits. Mark with a check "✓" mark if abnormal or if problems are present. Comments may be noted at the bottom of page 3 and top of page 4).

**PHYSICAL EXAM: (Attachment C) (REQUIRED)**

- Summarize and record data on significant past or current medical conditions or disabilities as well as preventive care such as immunizations and dental work. Document any relevant family history as completely as possible. A copy of the refugee health assessment must remain in the refugee's medical record at the clinical site.
- Mark "0" if within normal limits, Mark with a check "✓" mark if abnormal or if problems are present.
- Female and male reproductive health exams will not be covered under RMA. Please contact the Every Woman Matters Program at (402) 471- 0929 for more information on well-woman exams or refer to a Medicaid provider.
- Bill adult physicals according to patient age.

- **RHS 15: (REQUIRED)**

Refer to Attachment G for instructions on RHS-15 administration. Please make the appropriate referral if someone presents with an immediate mental health need.

- **Disability Status:**

Mark "yes," "no," or "referral" if someone presents with a physical, mental or emotional disability.

**NURSE VISIT: (Attachment C) (OPTIONAL)**

- Mark the visit type, and date of the nurse visit and have the nurse sign the name with the title.

**Dental Exam/History: (REQUIRED)**

- Look inside the patient's mouth and note any dental complaints. Mark the appropriate box and comments.

It is **required** that Immunization information be recorded in NESIIS to ensure that every child and adult refugee is appropriately immunized against vaccine-preventable diseases. It is preferred that refugees start immunizations within 90 days of their arrival in the U.S. At a minimum, providers are required to initiate appropriate vaccination, refer refugees to primary care, and educate refugees about USCIS and school requirements, and follow-up timing.

**Required Steps for Immunizations – Providers must do the following:**

- Evaluate immunization history, titer lab review, and review all available related overseas documentation.
- Document immunity based on exam, history, or serologic testing (Per Nebraska Refugee Health Assessment Guidelines).
- Use the Nebraska State Information Immunization Information System (NESIIS) to document immunizations for all refugees.
- Initiate all necessary age-appropriate vaccines per the Advisory Committee on Immunization Practices (ACIP) adult and children vaccine schedules. Please note Human Papilloma Quadrivalent, Meningococcal B and Zoster vaccines will not be covered for refugee adults (males or females).
- For Hepatitis A guidance in addition to ACIP guidelines, please refer to Section IV:
  - Responsibilities of refugee health screening providers 5.
    - Regarding Hepatitis A vaccine administration. Additional guidance must be followed for Hepatitis A vaccine administration.
- Instruct refugees to bring the documentation to all medical visits including the Civil Surgeon evaluation required for change of status applications.
- Utilize the "Vaccines for Children" Program for children 18 and under for all vaccinations.

**The refugee is not expected to provide a donation or administrative fee that sometimes is suggested for the Vaccines for Children Program.**

## **REFERRALS:**

The purpose of this section is to facilitate linkages to appropriate specialty and primary care providers for necessary follow-up services not available on-site, including public health and inpatient facilities, psychosocial counselors, drug and alcohol treatment services, and other community providers. Please check all referrals made.

### **Required Referrals to Primary Care**

- Most refugees lack transportation; therefore, appointments should be made at a clinic near the refugee's residence.
- The name of the primary care provider (and/or clinic site), address, phone number, and fax number of the provider; and appointment date and time must be noted on the health screening form.
- Newborn screening should be a referral for all infants under one year of age.

### **Other Referrals:**

- Providers should also make referrals as appropriate, for other medical, dental, and support services.

### **Nurse Visit:**

- May bill Nurse Visit if patient education, simple recheck, or medication review occurs.

### **Authorization For The Disclosure of Protected Health Information (Attachment B)**

- The purpose of this form is to facilitate HIPAA compliance. Attachment B enables providers to allow Nebraska DHHS staff access to all refugee records, assuring prompt access to all Program sites and reports relating to the Refugee Health Screening Program.
- Providers must provide authorization for the release and use of protected health information form (PHI) to refugees for their signature and dating, which authorizes Nebraska DHHS staff access to their records for invoicing and monitoring purposes. Records are the property of the provider agency. However, information pertaining to the Refugee Health Screening Program invoices, reports, and surveillance requirements must be accessible to Nebraska DHHS.
- Attachment B (HHS-160): The client must sign if the client has the capacity to sign. If the client has a guardian or authorized representative, the guardian or authorized representative would sign the form on behalf of the client. A witness signature is not required unless the court requires a witness or there is a state statute or legal proceeding requiring a witness for the Refugee Resettlement Program.



## X. INSTRUCTIONS FOR COMPLETING USCIS FORM I-693

The USCIS Form I-693 is used to record immunizations and must be signed by the civil surgeon **or** by a physician affiliated with the local public health agency (blanket waiver) to complete the review. Additional Question and Answers about [Civil Surgeons or I-693, Report of Medical Examination and Vaccination Record](#)

### Refugee Status ONLY:

Refugees who only need to submit the vaccination record should submit the entire Form I-693, but **only** need to complete the following sections:

- Part 1: Information about you
- Part 2: Applicant's Statement, Contact Information, Certification, and Signature
- Part 3: Interpreter's Contact Information, Certification, and Signature
- Part 4: Applicant's Identification Information
- Part 6: Civil Surgeon's Contact Information, Certification, and Signature
- Part 9: Vaccination Record
- For refugees who arrived in the U.S. **with** a Class A condition, the entire medical exam is required, including any necessary vaccinations. This is not covered within the refugee health assessment screening.
- For refugees who arrived in the U.S. **without** a Class A condition, only immunizations need to be reviewed and updated.
- Refugees must meet vaccination requirements according to age-appropriate recommendations by the *Advisory Committee for Immunization Practices (ACIP)*. Because completion of a vaccine series often requires several months, applicants are required to complete at least one dose of each vaccine by the time of assessment for the I-693 and are encouraged to follow up with a primary health care provider to complete the series.
- Civil Surgeon signatures are not available to refugees who receive the health screening after the 90-day time frame or 12-month vaccine services only. The civil surgeon's signature is only for refugees who complete the health screening process (preventive health exam, labs, and vaccinations) started within 90 days of arrival into the U.S.
- The clinic can provide civil surgeon signatures on vaccines up to 24 months after their original arrival date. After that time frame, the refugee is responsible for the payment of a civil surgeon's signature.

## Asylees, SIV, and Parolees

- For Asylees, Parolees, and SIVs a complete medical examination including vaccination is required which is outside the scope of this Program.
- The exam must be completed by a civil surgeon (a physician officially designated by USCIS) or their designee.

## Afghan Humanitarian Parolees

- **Afghan Humanitarian Parolees (AHP):** who entered the U.S. during Operation Allies Welcome (OAW) have temporary parole status that allows them to legally live and work in the U.S. for two years. To stay longer than two years, they will need to file for an adjustment of immigration status through one of these pathways:
- **Special Immigrant Visa (SIV):** Afghan evacuees may qualify for an SIV if they were employed by the U.S. government, U.S. contractor, or International Security Assistance Force (ISAF) in Afghanistan for over a year.
- **Asylee:** Afghan evacuees who do not qualify for an SIV may qualify for asylum. This application needs to be filed within one year of arrival, and they may apply for permanent residency after one year from the time asylum was granted.

**NOTE:** Evacuees who arrived during Operation Allies Welcome received a medical exam in the Safe Havens. If the medical results were documented on the I-693 immigration medical examination form, this exam may qualify for their adjustment of status application. However, Afghan nationals with an SIV or asylum status should consult with USCIS and/or legal counsel to determine when and if the I-693 medical examination is required for the adjustment of status to become legal permanent residents.

## Attachment A

### Refugee Health Screening Site Quality Assurance

Clinical Site (Check Box)

CHI –University Family Campus  
Health

Central District Health Dept./Heartland

Lincoln-Lancaster Health Dept.

Siouxland Community Health Center

1. What has been working in the clinic since the last reporting period regarding the refugee health screening?
2. What problems have you encountered within the last reporting period regarding the refugee health screening?
3. How many refugees lost contact with your agency, and your agency was unable to complete the follow-up within the last reporting period? What were the reasons your agency was unable to complete the health screening (out-migrated, patient refused)?

\_\_\_\_\_  
(Signature & Title)

\_\_\_\_\_  
(Date Submitted)

## Attachment B



### Nebraska Department of Health and Human Services Authorization for Disclosure of Protected Health Information

Failure to sign this form will not affect treatment or payment, however it may affect enrollment, or eligibility for certain benefits provided by the Nebraska Department of Health and Human Services. I understand the advantages and disadvantages and freely and voluntarily give permission to release specific information about me. I also understand that I am not required to disclose my social security number, though disclosure may make it easier or quicker for information to be provided.				
Client Name (Last, First, Middle Initial)		Date of Birth		
Social Security Number	Case/Chart # (if known)	Period Covered Admission of:		
<b>Information will be disclosed to:</b>		<b>Reason for Disclosure:</b>		
Name:		<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> My Request <input type="checkbox"/> Insurance Claim <input type="checkbox"/> Legal Purposes <input type="checkbox"/> Consultation and/or Treatment <input type="checkbox"/> Planning <input type="checkbox"/> Other (be specific): _____		
Address 1:				
Address 2:				
City, State, Zip:				
The information to be released pursuant to this authorization is limited to records or information from or in the possession or control of DHHS (or other party, as applicable).				
Specific Information to be Disclosed:				
<input type="checkbox"/> All other non-medical information, records, or documents relating to me which the Department of Health and Human Services could release directly to me. <input type="checkbox"/> Entire Medical Record				
OR:				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Aftercare Referral Form  <input type="checkbox"/> Discharge Summary  <input type="checkbox"/> Diagnosis  <input type="checkbox"/> History &amp; Physical Examination  <input type="checkbox"/> Laboratory  <input type="checkbox"/> Medications  <input type="checkbox"/> Progress Notes  <input type="checkbox"/> Psychiatric History &amp; Treatment  <input type="checkbox"/> Psychological Evaluation &amp; Treatment  <input type="checkbox"/> Social History  <input type="checkbox"/> X-rays &amp; Other Diagnostic Imaging Results                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Alcohol and/or Drug Abuse Treatment  <input type="checkbox"/> Genetic Testing Information  <input type="checkbox"/> HIV/AIDS Information  <input type="checkbox"/> Sickle Cell Anemia Information   <input type="checkbox"/> Other (be specific): _____                 </td> </tr> </table>			<input type="checkbox"/> Aftercare Referral Form <input type="checkbox"/> Discharge Summary <input type="checkbox"/> Diagnosis <input type="checkbox"/> History & Physical Examination <input type="checkbox"/> Laboratory <input type="checkbox"/> Medications <input type="checkbox"/> Progress Notes <input type="checkbox"/> Psychiatric History & Treatment <input type="checkbox"/> Psychological Evaluation & Treatment <input type="checkbox"/> Social History <input type="checkbox"/> X-rays & Other Diagnostic Imaging Results	<input type="checkbox"/> Alcohol and/or Drug Abuse Treatment <input type="checkbox"/> Genetic Testing Information <input type="checkbox"/> HIV/AIDS Information <input type="checkbox"/> Sickle Cell Anemia Information  <input type="checkbox"/> Other (be specific): _____
<input type="checkbox"/> Aftercare Referral Form <input type="checkbox"/> Discharge Summary <input type="checkbox"/> Diagnosis <input type="checkbox"/> History & Physical Examination <input type="checkbox"/> Laboratory <input type="checkbox"/> Medications <input type="checkbox"/> Progress Notes <input type="checkbox"/> Psychiatric History & Treatment <input type="checkbox"/> Psychological Evaluation & Treatment <input type="checkbox"/> Social History <input type="checkbox"/> X-rays & Other Diagnostic Imaging Results	<input type="checkbox"/> Alcohol and/or Drug Abuse Treatment <input type="checkbox"/> Genetic Testing Information <input type="checkbox"/> HIV/AIDS Information <input type="checkbox"/> Sickle Cell Anemia Information  <input type="checkbox"/> Other (be specific): _____			
This Authorization (unless revoked earlier in writing) shall terminate on _____ (must have date or event filled in). By signing this authorization, I acknowledge that the information to be released may include material that is protected by federal or state law, including benefit or enrollment information; or protected health information that may include Drug/Alcohol, HIV, or sickle cell anemia related information. My signature authorizes release of indicated information. I also understand this authorization may be revoked at any time by submitting a written request in accordance with the then current DHHS Notice of Privacy Practices (if to DHHS), or by submitting a written request to the health care provider, health care entity, or otherwise (if to anyone else), and it will be honored with the exception of information that has already been released. I also understand if the recipient of the information is not a health plan or health care provider, the information may no longer be protected by privacy laws.				
Client's Signature		Date		
Authorized Representative's Signature	Authorized Representative's Printed Name	Date		
Authorized Representative (Select One): <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Personal Representative				
Witness's Signature	Witness's Printed Name	Date		
NOTICE TO RECIPIENT: This information has been disclosed to you from records whose confidentiality is protected by state and federal laws (including Federal Regulations, 38 CFR 1.460-1.499, 42 CFR Part 2 and Part 431, Subpart F) which prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR Part 2. The federal rules restrict the use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at 42 CFR 2.12(c)(5) and 2.85. A general authorization for the release of medical or other information is NOT sufficient for this purpose.				
PLEASE FILL OUT THIS FORM COMPLETELY				

HHS-160 (18181) Rev. 4/21

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The Nebraska Department of Health and Human Services "DHHS" and those Agencies inclusive of health care facilities and medical assistance programs that are affiliated under the common control of the Health and Human Services Act, are required by federal law to maintain the privacy of Protected Health Information and to provide notice of its legal duties and privacy practices with respect to Protected Health Information.

**PRACTICES AND USES:**

DHHS may access, use and share medical information without your consent for purposes of:

- **Treatment:** We may use your medical information to provide you with medical treatment or services. We may share your information with a nurse, medical professional or other personnel who are giving you treatment or services. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different agencies within DHHS may share your medical information in order to coordinate the different things you need, or to support and maintain your continuum of care.
- **Payment:** We may use and disclose your medical information so that the treatment and services you receive can be billed. For example, we may use your medical information from a surgery you received at the hospital so the hospital can be reimbursed.
- **Operations:** We may use and disclose medical information about you for health care operations. For example, we may use medical information to review your treatment and services and to evaluate the performance of the staff.

**OTHER PERMITTED USES AND DISCLOSURES THAT MAY BE WITHOUT CONSENT/AUTHORIZATION:**

- **Required By Law:** We may use or disclose your Protected Health Information to the extent that the use or disclosure is required by law. You will be notified, if required by law, of any such uses or disclosures.
- **Public Health:** We may disclose your Protected Health Information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information.
- **Communicable Diseases:** We may disclose your Protected Health Information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- **Health Oversight:** We may disclose Protected Health Information to a health oversight agency for activities authorized by law, or other activities necessary for appropriate oversight of the health care system, government benefit programs, other government regulatory programs, and civil rights laws.
- **Abuse or Neglect:** We may disclose your Protected Health Information to a public health authority that is authorized by law to receive reports of abuse or neglect. The disclosure will be made consistent with the requirements of applicable federal and state laws.
- **Legal Proceedings:** We may disclose Protected Health Information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or other lawful process.
- **Law Enforcement:** We may also disclose Protected Health Information, so long as applicable legal requirements are met, for law enforcement purposes.
- **Food and Drug Administration:** We may disclose your Protected Health Information as required by the Food and Drug Administration.
- **Coroners, Funeral Directors, and Organ Donation:** We may disclose Protected Health Information to a coroner or medical examiner for identification purposes, cause of death determinations, or for the coroner or medical examiner to perform other duties authorized by law.
- **Research:** We may disclose your Protected Health Information to researchers when their research has been approved by an institutional review board to ensure the privacy of your Protected Health Information.
- **Criminal Activity:** We may disclose your Protected Health Information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- **Specialized Government Functions:** When the appropriate conditions apply, we may use or disclose Protected Health Information of individuals who are Armed Forces personnel for military, national security, and intelligence activities. Protected Health Information may be disclosed for the administration of public benefits purposes.
- **Workers' Compensation:** We may disclose your Protected Health Information as authorized to comply with workers' compensation laws and other similar legally established programs.
- **Inmates:** We may use or disclose your Protected Health Information if you are an inmate of a correctional facility in the course of providing care to you.
- **Required Uses and Disclosures:** We must make disclosures when required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine our compliance with the requirements of 45 CFR, Title II, Section 164, et. seq.

**USES AND DISCLOSURES REQUIRING AUTHORIZATION:**

There are certain uses and disclosures of Protected Health Information that require your authorization. Among them are: most uses and disclosures of psychotherapy notes; uses and disclosures of protected health information for marketing purposes; and disclosure of protected health information that constitutes a sale. Other uses and disclosures not described in this notice will be made only WITH authorization from you. You may revoke this authorization at any time as provided by 45 CFR 164.508(b)(5).

**YOUR RIGHTS TO PRIVACY:**

- **Right to Inspect and Copy.** You have the right to inspect and copy your medical information. Usually, this includes medical and billing records but does not include psychotherapy notes. To inspect and copy your medical information, you must submit a written request at the Site of Service or to the DHHS HIPAA Privacy & Security Office. If you request a copy, we may charge a fee for the cost of copying, mailing, and other supplies associated with your request. We may deny your request to inspect and copy in certain circumstances. If you are denied access to medical information, you may request the denial be reviewed.
- **Right to Amend.** If you feel that medical information about you is incorrect or incomplete, you may ask us to amend (correct) the information. You have the right to request an amendment as long as the information is kept by or for DHHS. To request an Amendment, your request must be made in writing and submitted at the Site of Service, or to the DHHS HIPAA Privacy & Security Office. In addition you must provide a reason which supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
  - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - Is not part of the medical information kept by or for DHHS;
  - Is not part of the information which you would be permitted to inspect and copy; or,
  - Is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request a list of the disclosures we made of medical information about you. You must submit your request in writing at the Site of Service, or to the DHHS HIPAA Privacy & Security Office. Your request must state a time period for the disclosures, which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list to be provided to you.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, health care operations, and to someone who is involved in your care or the payment of your care, like a family member or friend. We are not required to agree to your request for restrictions unless it is for payment or health care operations and you use your own funds to pay, in full, for a health care item or service. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing at the Site of Service, or to the DHHS HIPAA Privacy & Security Office. In your request you must tell us: (1) what information you want to limit, (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. To request confidential communications, you must make your request in writing at the Site of Service, or to the DHHS HIPAA Privacy & Security Office. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of this Notice.** You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, [http://dhhs.ne.gov/Pages/hipaa\\_hp-1-p-notice.aspx](http://dhhs.ne.gov/Pages/hipaa_hp-1-p-notice.aspx) or by contacting us.
- **Opt out of fundraising communications.** If DHHS should conduct fundraising activities, you have a right to opt out of this communication.
- **Breach notification.** In the event DHHS breaches your unsecured protected health information as defined by HIPAA, you will receive notification of the breach.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with DHHS or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with DHHS, you may contact the DHHS HIPAA Privacy & Security Office. To file a complaint with HHS, contact: Secretary, Health and Human Services, Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201, 1-866-OCR-PRIV (627-7748), 1-866-778-4989-TTY. You will not be penalized for filing a complaint.

**CHANGES TO THE NOTICE OF INFORMATION PRACTICES**

The State of Nebraska Department of Health and Human Services reserves the right to amend this Notice at any time in the future. Until such amendment is made, DHHS is required by law to abide by the terms of this Notice. DHHS will provide notice of any material change in revision of these policies either electronically or in paper format.

**CONTACT INFORMATION**

This notice fulfills the "Notice" requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Final Privacy Rule. If you have questions about any part of this Notice of Information Privacy practices or desire to have further information concerning information practices at DHHS please direct them to: HIPAA Privacy and Security Office, 301 Centennial Mall South 3rd Floor, Lincoln, NE 68509-5026, by phone at 402-471-8417, or by email to [DHHS.HIPAAOffice@nebraska.gov](mailto:DHHS.HIPAAOffice@nebraska.gov). If you have question about your benefits call 800-383-4278. Effective: 9/23/2013

**ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE:**

Signature of Recipient

Date

Relationship to Recipient

HHS-160 Page 2

**Attachment C: Nebraska Refugee Health Assessment Screening Form**

**Nebraska Refugee Health Assessment Screening Form**

**I. Refugee Personal and Demographic Information**

**Name (Last, First, Middle):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Arrival Status:** Refugee    Asylee    Parolee (UHP, CHP, HHP)    Victim of Trafficking

**Alien Number:** \_\_\_\_\_ **Country of Origin**

**U.S. Arrival Date (Month, Day, Year):** \_\_\_\_\_

**Health Exam Date** \_\_\_\_\_

**Sex**  Male  Female

**Secondary Migrant:**  Yes  No

**TB class A or B status** \_\_\_\_\_ **I-94 verified**  **Resettlement Agency**

**Site:**  CHI –University Family Campus     Central District Health Dept. / Heartland Health

Lincoln-Lancaster Health     Siouxland Community Health Center

**Overseas Medical Document Review:**  Yes  Not available

**Allergies:** \_\_\_\_\_

**Interpreter used:** \_\_\_\_\_ **Language Spoken:** \_\_\_\_\_

In-house interpreter, contracted interpreter (phone or in-person)  Labs  Vaccines

Physical

**Blood Pressure:** \_\_\_\_\_ **Temperature:** \_\_\_\_\_ °C **Pulse:** \_\_\_\_\_

**Height:** \_\_\_\_\_ inch **Weight:** \_\_\_\_\_ lbs. **Body Mass Index:** \_\_\_\_\_

**Head Circumference:** \_\_\_\_\_ (cm)

**Visual Snellen:** L \_\_\_\_\_ R \_\_\_\_\_ Both \_\_\_\_\_  Referral  Not Done

**Hearing/Whisper Test:**  Within Normal Limits  Referral

Tuberculosis Screening-If Class B please enter "TB Follow-Up Worksheet" into EDN

**Tuberculin Skin Test:**

- \_\_\_ mm induration
- History of positive TST (LTBI)
- Given, Not Read
- Declined Test
- Not Done
- Abnormal, not consistent (Suspected or confirmed) with
- Active TB

**Chest X-Ray:**

- Normal
- Abnormal, stable, old or healed TB
- Abnormal, Cavitory
- Abnormal, Non-Cavitory, Consistent with active TB
- Pending

**Diagnosis:**

- No TB infection or disease
- Latent TB infection
- Old, healed, no prev. Tx TB
- Old healed, prev Tx TB
- Active TB disease
- Incomplete eval. lost to F/U

**QuantiFERON:**

- Positive
- Negative
- Indeterminate
- Not done
- Pending

**TB Diagnosis:**  No TB  Latent TB Infection  Active TB  TB Suspect  
 Other: \_\_\_\_\_

**Sexually Transmitted Diseases:**  Tested Overseas

1. **Syphilis (EIA)**  non-Reactive  Reactive  Results Pending  
**RPR**  non-Reactive  Reactive Titer \_\_\_\_\_  
**FTA**  non-Reactive  Reactive

2. **HIV/AIDS**  Negative  Positive  Indeterminate  
 Not Done (mother's status known)  
Referred to a specialist?  Yes  No

3. **Gonorrhea**  Negative  Positive  Treatment Date: \_\_\_\_\_  Results Pending

4. **Chlamydia**  Negative  Positive  Treatment Date: \_\_\_\_\_  Results Pending

## Hepatitis Screening:

1. HBsAg       Negative    Positive    Indeterminate    Results Pending

2. anti-HBc       Negative    Positive    Indeterminate    Results Pending

3. anti-HBs       Negative    Positive    Indeterminate    Results Pending

4. anti-HCV       Negative    Positive    Indeterminate    Results Pending

## Intestinal Parasite Screening:

### 1. Was screening for parasites done (check one)

- Not Screened for Parasites
- Treated overseas prophylactically (Albendazole)
- Screened, Results Pending
- Screened, No Parasites found

### 2. Please Check Parasite Identified:

- Ascaris    Clonorchis    Entamoeba histolytica    Giardia    Hookworm
- Paragonimus    Schistosomiasis    Strongyloidiasis Trichuris   **Other:** \_\_\_\_\_

### Strongyloidiasis (blood sample) (no pre-departure treatment received)

- Received Pre-departure Therapy (Ivermectin)    Positive    Negative    Results Pending

### Schistosomiasis (blood sample) (only for Sub-Saharan Africans who did not receive pre-departure treatment)

- Received Pre-departure Therapy (Praziquantel)    Positive    Negative    Results Pending

### Varicella Titer (adults only)

- Positive (past history Varicella)    Negative (no history Varicella)    Equivocal



**Malaria Screening:**

- Not Screened for Malaria (No symptoms, history no suspicious of malaria, not from Sub Sahara Africa)
- Treated overseas prophylactically (Artemether-lumefantrine)
- Screened, Results Pending
- Screened, no malaria found in blood smears
- Screened, malaria species found (please specify): \_\_\_\_\_
  - If malaria species found:  Treated  Not Treated
  - Referred for Malaria Treatment  Yes  No
  - If referred for Malaria Treatment, specify physician/clinic \_\_\_\_\_

**Lead Screening:** (children 6 months-16 years) Serum Lead Level: \_\_\_\_\_

**Urinalysis:** (Over age 4  )

- Within Normal Limits  Incomplete
- Blood \_\_\_\_\_ Glucose \_\_\_\_\_
- Protein \_\_\_\_\_ Ketones \_\_\_\_\_ Leukocytes \_\_\_\_\_

**CBC with Differential done?**  Yes  No

**If yes, was eosinophilia present**  Yes  No  Results Pending

**Hemoglobin** \_\_\_\_\_ **Hematocrit** \_\_\_\_\_

**Chem 8 done:**  Completed  Abnormal F/U initiated

**Pregnant (12-50 year old):**  Yes  No

II. Core Health Screening Name (Last, First, Middle): \_\_\_\_\_ Alien Number: \_\_\_\_\_

**Medical History**

<b>HEAD/ EYES</b>	HEADACHES/INJURIES SURGERY VISUAL LOSS DIPLOPIA DRAINAGE INFLAMMATION PHOTOPHOBIA GLASSES TRAUMA
<b>ENT</b>	PAIN DRAINAGE DEAFNESS TINNITUS VERTIGO DISCHARGE OBSTRUCTION EPISTAXIS/ SORE THROAT HOARSENESS VOICE CHANGES
<b>RESP</b>	DYSPNEA COUGH SPUTUM WHEEZING PNEUMONIA CONGESTION PAIN
<b>CV</b>	CP PALPITATIONS DOE PND ORTHOPNEA EDEMA MURMURS HTN CLAUDICATION CYANOSIS
<b>GI</b>	WT CHANGES APPETITE CHANGES DYSPHAGIA N/V DIARRHEA CONSTIPATION HEMATEMESIS HEMATOCHYZIA MELENA BOWEL CHANGES PAIN
<b>GU/ GYN</b>	DYSURIA FREQUENCY URGENCY HEMATURIA NOCTURIA STONES INFNS PROSTATE DISEASE BLEEDING ABNORMALITIES DYSMENORRHEA STD's BREAST DISEASE - DISCHARGE / LMP
<b>MS</b>	ARTHRITIS FRACTURES PAIN WEAKNESS STIFFNESS ATROPHY
<b>NEURO/ PSYCH</b>	SYNCOPE SEIZURES WEAKNESS TREMORS NUMBNESS PAIN MEMORY LOSS INCOORDINATION PARESTHESIAS LABILE MOOD DEPRESSION ANXIETY HALLUCINATIONS DELUSIONS SLEEP DISTURBANCE
<b>SKIN/ ENDO</b>	RASHES PRURITUS, BRUISING, LESIONS COLOR CHANGES, DECUBITUS ULCER, GROWTH & DEVELOPMENT PROB. TEMP. SENSITIVITY APPETITE & WT. CHANGES POLYURIA POLYDIPSIA POLYPHAGIA LOCATION: _____

**PHYSICAL EXAM: O = WNL** **✓ = ABNORMAL/PROBLEM (see comments)**

<b>GEN</b>	ALERT, ORIENTED TO TIME PLACE & PERSON NO DISTRESS DEVELOPMENTALLY STABLE WELL GROOMED
<b>HEAD/ EYES</b>	NORMOCEPH ATRAUMATIC PERRLA EOMI LIDS/CONJ NL OPTIC DISC SIZE RATIO & APPEAR NL POST SEG RETINA & VESSEL
<b>ENT</b>	TM'S NL CANALS CLEAR NASAL MUCUS / SEPTUM / TUBES NL MASSES NEG SINUS NEG HARD/SOFT PALATE & TONGUE NL TONSILS & POST PHARYNX NL

<b>NECK</b>	ADENOPATHY NEG THYROID NEG JVD NEG BRUITS NEG RIGIDITY NEG SYMMETRIC TRACHEA MIDLINE
<b>CARDIO VASC</b>	REG WITHOUT MURMURS GALLOPS OR RUBS CAROTID/ABD/FEM/PEDAL PULSES-ADEO EXT'S WITHOUT EDEMA/VARICOSITIES/CYANO
<b>CHEST/ BREAST</b>	LUNGS CTAB DULL/FLAT/HYPERRIES NEG RETRACTION NEG/ SYMMETRIC NIPPLE DISCHARGE/INVERSION NEG MASSES NEG TENDER NEG
<b>ABD/ RECTAL</b>	BS POS IN 4 QUADS MASSES NEG TENDER/REBOUND/GUARD NEG HEP/SPENOMEG NEG HERNIA NEG NEG//MASSES/LESIONS NEG GUAJAC NEG TONE NL
<b>GU</b>	M – PROS / TESTES– MASSES / LESIONS – NODULES / NEG SYMMETRIC– LESIONS / RASHES / DC NEG F — LESIONS / CYST / G BLAD / URETH – MASS / TENDER NEG CX / LESIONS / PC / TENDER NEG SEIZE / POSITION / SUPP CONSISTENCY NL
<b>MS</b>	GAIT & STATION / MOTION / STRENGTH / STABILITY / TONE – ADEQ SWELLING / NUMBNESS / ATROPHY / WEAKNESS / ASYMMETRY / EFFUS /TENDER / RED – NEG IN EXTREMITIES
<b>NEURO/ PSYCH</b>	CN 2-2 INTACT DTR'S NL CEREBELLAR INTACT BABINSKI / RHOMBERG NEG RECENT & REMOTE MEMORY INTACT GRASP / SUCK REFLEX NL JUDGEMENT & INSIGHT STABLE ORIENTED X 3 RECENT & REMOTE STABLE MOODS AFFECT STABLE ATTENTION SPAN / CONC / D KNOWLEDGE NL DEVELOPMENTALLY APPROPRIATE
<b>SKIN/ LYMPH</b>	HEAD / NECK / TRUNK / EXT-RASHES / LESIONS / ULCERS NEG JAUNDICE NEG CYANOSIS NEG / NECK / AXILLAE / GROIN – ADENOPATHY NEG

Provider: \_\_\_\_\_ Date of Visit \_\_\_\_\_  
 Signature of provider and title (APRN, MD)

**COMMENTS CONTINUED:**

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**RHS-15 Screening Score** \_\_\_\_\_  Self-administered  Not self-administered  
 Not done  Refused  
 Under age 14

**Disability:** Are you limited in any way in any activities because of physical, mental, or emotional problems?  
 Yes  No  Referral

**Dental Exam/History:**

<input type="checkbox"/> Regular Dental Care	<input type="checkbox"/> Gums bleed when brushing	<input type="checkbox"/> Wears bridge
<input type="checkbox"/> X-Rays	<input type="checkbox"/> Gums bleed when flossing	<input type="checkbox"/> Wears partial
<input type="checkbox"/> Missing Teeth	<input type="checkbox"/> Sensitive to hot/cold	<input type="checkbox"/> Dentures
<input type="checkbox"/> Under Doctor's Care	<input type="checkbox"/> Never been to Dentist	<input type="checkbox"/> Caries

Comments:

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**\*\*\* Please enter immunizations on NESIIS Immunization Database System\*\*\*\***

**Referrals:**

<input type="checkbox"/> Primary Care Provider	<input type="checkbox"/> Dental	<input type="checkbox"/> Vision
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Hearing	<input type="checkbox"/> Family Planning
<input type="checkbox"/> WIC	<input type="checkbox"/> Dermatology	<input type="checkbox"/> Public Health Nurse
<input type="checkbox"/> GI	<input type="checkbox"/> OB/GYN	<input type="checkbox"/> Pediatrics
<input type="checkbox"/> General Medicine	<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Urology
<input type="checkbox"/> Ear, Nose, & Throat (ENT)	<input type="checkbox"/> Family Practice	<input type="checkbox"/> Neurology
<input type="checkbox"/> Hematology	<input type="checkbox"/> Newborn Screening	<input type="checkbox"/> Vitamin Referral
<input type="checkbox"/> Other Referral _____		

**Nurse Visit:** \_\_\_\_\_  
 Signature of nurse and title (RN, LPN)

**Date of Nurse Visit** \_\_\_\_\_

**Nurse visit type**  Assess/Plan labs  Education  Simple recheck  Medication review

## Attachment D: Approved Reimbursement Services

Covered Item Vaccine	CPT code	Reimbursable Rate	Max # doses	More Information
Hepatitis A	90632	\$70.38	2	VFC or MMC should be billed first*
Hepatitis B	90746	\$70.37	3	VFC or MMC should be billed first*
HepA - HepB (Twinrix)	90636	\$134.78	3	VFC or MMC should be billed first*
Tdap	90715	\$38.29	1	VFC or MMC should be billed first*
Tetanus (Td)	90714	\$31.04	2	VFC or MMC should be billed first*
MMR	90707	\$98.78	2	VFC or MMC should be billed first*
Pneumococcal-13 (PCV13)	90670	\$257.98	1	MMC should be billed first*
Pneumococcal-15 (PCV15)	90671	\$253.56	1	MMC should be billed first*
Pneumococcal-20 (PCV20)	90677	\$298.03	1	MMC should be billed first*
Pneumococcal-23 (PPSV23)	90732	\$133.47	1	MMC should be billed first*
Meningococcal (ACWY)	90734	\$168.05	2	*VFC or MMC should be billed first*
Flu (LLCHD)	90688	\$95.41	1	may choose 1 flu vaccine total, VFC or MMC should be billed first*
Flu (CHI/LLCHD)	90686	\$22.35	1	may choose 1 flu vaccine in total. VFC or MMC should be billed first**
Flu (CHI)	90685	\$20.41	1	may choose 1 flu vaccine in total. VFC or MMC should be billed first*
Flu (CHI) for 65+	90662	\$73.40	1	may choose 1 flu vaccine in total. VFC or MMC should be billed first*
Varicella	90716	\$186.17	2	may not draw titers. VFC or MMC should be billed first *
Inactivated Polio Vaccine (IPV)	90713	\$45.54	3	May give for disease outbreak situations
COVID-19 (Pfizer-BioNTech) 2023-2024 Formula COMIRNATY (12 years & older)	91318 (VFC only) 91319 (VFC only) 91320 (Adult)	\$131.10	1	VFC or MMC should be billed first*
COVID-19 (Moderna) 2023-2024 Formula SPIKEVAX (12 years & older)	91321 (VFC only) 91322 (Adult)	\$145.92	1	VFC or MMC should be billed first*
Vaccine Administration fee for Covid-19 vaccine only	90471	\$38.61	Per shot	not to be combined with the nurse visit fee. Paid only if RMA vaccine is used. *

\*Please refer to Page 9-10 for more information on VFC and MMC eligibility.

COVERED LABS	CPT code	Reimbursable Rate	Max # Services	More Information
Lab Draw fee	36415	\$8.83	1	one lab draws per person
Interferon Gamma Release Assay (IGRA)	Contracted rate	\$65.66	1	age 5 and over
Tuberculin Skin Test (TST)	86580	\$7.83	1	only for children under 5 years of age or problems drawing other age groups
Varicella/zoster titer	86787	\$15.90	1	only for adults
Chem 8 or	80047	\$13.73	1	For everyone may do either 80047 or 80048 but not both
Chem 8 with total calcium	80048	\$13.73	1	For everyone may do either 80047 or 80048 but not both
CBC	85025	\$9.59	1	For everyone
Hepatitis B Surface Antibody (Anti-HBs)	86706	\$13.26		For everyone
Hepatitis B Core Antibody (Anti-HBc)	86704	\$14.88	1	For everyone
Hepatitis B Surface Antigen	87340	\$12.75	1	for everyone
Hepatitis B Surface Antigen Confirmation	87341	\$14.17	1	optional-only if Hep B Surface antigen is positive
Anti-HCV	86803	\$ 17.61	1	optional testing for refugees with specific risk factors
Stool-parasites	87209	\$22.09	2	For everyone-required if not previously treated overseas -2 stool samples requested
Stool –parasites	87177	\$10.99	2	For everyone--required if not previously treated overseas- 2 stool samples requested
Syphilis-FTA (EIA antibody)	86780	\$13.24	1	Required for age 15 and over or suspicious of syphilis. not required if completed overseas
RPR Quantitative	86592	\$5.27	1	only if reflexed to this (Syphilis)
RPR Quantitative	86593	\$5.44	1	only if positive RPR (Syphilis)
FTA (LLCHD)	86255	\$14.88	1	Only 1 FTA if reflexed to this (either 86780 or 86255) (Syphilis)
Strongyloidiasis (5-1-18)	86682	\$50.00	1	Refer to Attachment F
Schistosomiasis (5-1-18)	86682	\$100.00	1	Refer to Attachment F
HIV-adult	87389	\$29.73	1	Required for everyone
HIV 1 EIA	87536	\$105.06	1	only if 87389 positives
HIV 2 EIA	87538	\$58.62	1	only if 87389 positives
Lead	83655	\$14.95	1	age 6 months-16 years of age
Urinalysis (LLCHD)	81000	\$4.02	1	Age 4+ or if can void on own (either 81000-81002 or 81003)

COVERED LABS	CPT code	Reimbursable Rate	Max # Services	More Information
Urinalysis (LLCHD)	81002	\$3.48	1	If dipstick not normal, move to microscopic
Urinalysis (CHI)	81003	\$2.77	1	Age 4+ or if can void on own (either 81000-81002 or 81003)
Pregnancy Test	81025	\$8.61	1	women of childbearing age (age 12-50)
Chlamydia and Gonorrhea	Neb STI Prevention Program	\$53.47	1	STI Prevention Program Guidelines
Malaria Blood Smear	87015 87207- (LabCorp HHC)	\$8.24	3	Symptomatic or from Sub Sahara Africa. No prophylaxis treatment
Malaria Blood Smear	85060	\$24.32	3	Symptomatic or from Sub Sahara Africa. No prophylaxis treatment
Chest x-ray	71046	\$50.59	1	Class TB - B1, B2, or B3, symptomatic, or clinician recommendation
Reading chest x-ray	71020-26	\$39.52	1	only if chest x-ray performed

COVERED	CPT code	Reimbursable Rate	Max # Services	More Information
New Preventive Health Exam 99385 (age 19-39)	99385	\$145.15	1	Only 1 preventive exam per person (99385, 99386, or 99387)
New Preventive Health Exam 99386 (age 40-64)	99386	\$149.58	1	Only 1 preventive exam per person (99385, 99386, or 99387)
New Preventive Health Exam 99387 (age 65 and over)	99387	\$160.66	1	Only 1 preventive exam per person (99385, 99386, or 99387)
New Preventive Health Exam 99381 (Infant < 1 year)	99381	Administration Fee Only	1	Only 1 preventive exam per person (99381, 99382, 99383 or 99384).
New Preventive Health Exam 99382 (Age 1-4)	99382	\$ 111.66	1	Only 1 preventive exam per person (99381, 99382, 99383 or 99384). With approval from SRHC
New Preventive Health Exam 99383 (Age 5-11)	99383	\$122.82	1	Only 1 preventive exam per person (99381, 99382, 99383 or 99384). With approval from SRHC
New Preventive Health Exam 99384 (Age 12-17)	99384	\$133.99	1	Only 1 preventive exam per person (99381, 99382, 99383 or 99384). With approval from SRHC

Nurse Visit	99211	\$21.69	1	Patient education, simple rechecks and medication review performed by a nurse. Not to be used with vaccines only. One nurse visit only per refugee.
RHS-15 mental health screening tool	N/A	\$10.00	1	Used only for age 14 and over.
Administrative Fee	N/A	\$175.00	1	Complete a physical health screening, lab work, and initial vaccinations.
Interpretation Fee	N/A	\$35.00 per hour	2 hrs.	
Adult Vaccination Adm. Fee	N/A	\$23.25 per shot	6	RMA only cover if no coverage from MMC



## Attachment E: Secondary Migrant Waiver

I understand that if I do not return after my lab work has been drawn for my refugee health assessment within 90 days of my U.S. arrival date, I may be billed and be held responsible financially. Secondary insurance and/or Medicaid may be utilized, but if coverage is denied for medical/lab services, I may be held responsible for the bills incurred. It is important to make a good effort to return for your health screening and/or work with the clinic if unforeseen circumstances arise that prevent you from attending scheduled medical appointments. This will be determined on a case-by-case basis by the state refugee health coordinator.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Clinic Witness**

\_\_\_\_\_  
**Date**

## Attachment F: Parasite Testing Guidelines

Refugees whose cases were processed in **Kenya, Rwanda, South Africa, Tanzania, Ethiopia, Uganda, Burundi, Malaysia, Thailand, Nepal, Iraq, or Jordan** (wherein they can be assumed to have received pre-departure presumptive treatment) unless they had a contraindication to pre-departure presumptive treatment

**O & P stool testing:** All refugees arriving from a country other than those listed above and:

- Screen only: refugees who are under two years old, are pregnant or recently gave birth, and have a history of unexplained seizures, neurocysticercosis, or cysticercosis, regardless of country of origin
- Documented Albendazole treatment then no screening needed unless symptomatic

**Strongyloidiasis serology testing:** all refugees arriving from a country other than those listed above and:

- Screen only: all refugees who are under 15kg (33.07 pounds) or 90cm (35.43 inches), are pregnant or recently gave birth, or are from a Loa-loa endemic region regardless of country of origin.
- Documented ivermectin or high-dose (400 mg 2x/day for 7 days) of Albendazole treatment then no screening/treatment needed unless symptomatic

**Schistosoma serology testing:** all Sub-Saharan African refugees arriving from a country other than those listed above and:

- Screen only: all Sub-Saharan African refugees who are under five years old or 94cm, have a history of unexplained seizures, neurocysticercosis, or cysticercosis
- Documented Praziquantel treatment then no screening needed unless symptomatic

### Presumptive Treatment Overseas

Type of Organism	Recommended Treatment
Soil-Transmitted Helminths	Albendazole
Strongyloidiasis	Ivermectin
Schistosomiasis	Praziquantel

\*Treatment schedules for Presumptive Parasitic Infections

<https://www.cdc.gov/immigrant-refugee-health/hcp/domestic-guidance/intestinal-parasites.html>

\*Above guidelines referenced from Centers for Disease Control and Prevention on 9/10/2024  
<https://www.cdc.gov/immigrant-refugee-health/hcp/domestic-guidance/index.html>

## Attachment G: RHS-15 Screening Instructions

### RHS-15

The RHS-15 is being utilized to screen for anxiety and depression including Post Traumatic Stress Disorder (PTSD) in refugees. The RHS-15 is predictive of these disorders. The RHS-15 is utilized to assess how the patient is doing and feeling.

3. Expect 10-15% will need referrals.
4. Not diagnostic, and need an appropriate referral.
5. Will route people into treatment.
6. Expect 2-5 minutes for patients filling out RHS 15 themselves.
7. Expect 4-12 minutes to administer.
8. Please assess and ask patients if they can read in their language. If not, please use an interpreter and give the survey.
9. Several refugee languages have referral scripts that may be utilized for referrals for the RHS-15 screening.
10. Fill out all Demographic information (for Health ID/ID# please use Alien #)
11. Have questions 1-15 answered. Score if positive or negative.
12. Identify if self-administered or not self-administered
13. Provide referral if positive.
14. If unable to find referrals in the community—please let the Refugee Health Coordinator know right away.
15. RHS -15 screening data is included in health screening auditing records requests. Please keep one copy in the chart and one other copy to send to us quarterly. We hope to transition this to Connect once Connect is up and running.
16. I have filled out the user agreement.
17. The reimbursement rate is \$10 per refugee—it must be completed to be reimbursed.
18. Please utilize if age 14 or older. If a refugee is developmentally disabled, use your discretion on administration.

#### Screening is **POSITIVE**:

1. If items 1-14 are greater than or equal to 12 or
2. Distress Thermometer is greater than or equal to 5

## Training Information:

- RHS 15 screener information: [http://x9yjk2t4l9ghu7ty7bhu81ac.wpengine.netdna-cdn.com/wp-content/uploads/2012/09/RHS15\\_Packet\\_PathwaysToWellness-1.pdf](http://x9yjk2t4l9ghu7ty7bhu81ac.wpengine.netdna-cdn.com/wp-content/uploads/2012/09/RHS15_Packet_PathwaysToWellness-1.pdf)
- Webinar: How to do the RHS-15 "Tools and Strategies for Refugee Mental Health Screening: Introducing the RHS-15". Slides, transcript, and Q&A are available.
- <http://refugeehealthta.org/webinars/mental-health-screening-and-care/tools-and-strategies-for-refugee-mental-health-screening-introducing-the-rhs-15-2/>
- Webinar: Introducing and Operationalizing the RHS-15  
<https://refugeehealthta.org/2012/02/08/rhtac-webinar-introducing-the-rhs-15/>
- Referral scripts are attached in various languages. Languages are Amharic, Arabic, Burmese, Spanish, Farsi, French, Karen, Kinyarwanda, Mexican Spanish, Nepali, Russian, Somali, Swahili, Sorani Kurdish, and Tigrinya.

## Attachment H-Refugee Resettlement Program Refugee Medical Screening Referral Form

<b>AGENCY</b>		<b>RMS PROVIDERS:</b>	
<b>Other:</b> (Agency/Sponsor/Individual)			
<b>Case Manager Name:</b>		<b>Case Manager Phone #</b>	
		<b>Case Manager Email:</b>	

### Primary Applicant Contact Information

<b>First Name:</b>		<b>Middle Name:</b>		<b>Last Name:</b>	
<b>Address:</b>			<b>City:</b>	<b>Zip Code:</b>	
<b>Phone #1</b>		<b>Phone #2</b>		<b>Arrival Status</b>	
<b>Date of Arrival</b>		<b>Case Number:</b>		<b>Head of Household Social Security #</b>	
<b>Country Arrived From</b>			<b>Language Spoken</b>		
<b>Medicaid Status</b>	<input type="checkbox"/> <b>Approved</b>	<b>Nebraska Medicaid #:</b>		<input type="checkbox"/> <b>Pending</b>	<input type="checkbox"/> <b>Denied</b>

### Required Document and Form

*(Indicate document(s) provided for verification of eligibility for ORR benefits; choose all that apply and attached)*

I-94	<input type="checkbox"/>	I-551	<input type="checkbox"/>	DHS form I-221	<input type="checkbox"/>
I-766 (EAD)	<input type="checkbox"/>	I-589	<input type="checkbox"/>	DHS form I-862	<input type="checkbox"/>
I-730	<input type="checkbox"/>	I-221S	<input type="checkbox"/>	DHS form I-220A	<input type="checkbox"/>
Foreign Passport	<input type="checkbox"/>	DHS form I-122	<input type="checkbox"/>	DHS form I 571	<input type="checkbox"/>
Visa 93 or V-94	<input type="checkbox"/>	Other			

## Attachment H-Refugee Resettlement Program Refugee Medical Screening Referral Form

**List all family members**

First Name	Last Name /	Date of Birth	Gender (Male/Female)	Alien # (9 digits)	Medically Fragile Individual (MFI) Yes/No
	Family Name				

**NOTES/COMMENTS/SPECIAL INSTRUCTIONS**

**Reminder: Attach copies of Release of Information (ROI), Bio Datasheet, medical records, vaccination records, immigration documents, and other necessary documents with this referral form.**